



AUTHORIZATION TO REMOVE EQUIPMENT FROM RICE UNIVERSITY CAMPUS

Department

Date

I. _____ is authorized to remove from the University
Print Name
the following equipment (listd below) which is part of this department's inventory:

1. Off Campus Location: _____

Telephone Number: _____

2. Approved dates: From: _____ To: _____

3. Equipment Description:	Inventory Tag Number ^A :
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

II.
I understand and acknowledge my responsibility for this equipment^B.

Employee Signature

Date

Department Head/Approving Authority

Date

^A Must have a tag number prior to being removed from the University
^B Rice University Policy 809-79
* Original to be returned to Office of Property Accounting